

**TRANSPORTATION PROVIDER  
CHANGE OF INFORMATION FORM**

Please complete this form and forward to DPS Student Transportation for the purpose of reporting any change of information.

**District / Employer Name:**

**District #**

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**Physical Address:**

**Mailing Address:**

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**Transportation Director/ Main Contact:**

**Telephone Number:**

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**Contact #2**

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**Contact #3**

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**FAX Number:**

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**Contact E-Mail Address:**

**Director E-Mail Address:**

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**Mail to:** Arizona Department of Public Safety  
Student Transportation, Mail Drop 1250  
P.O. Box 6638, Phoenix, Arizona 85005-6638  
**Or FAX to:** 602-223-2923  
**Or E-mail to:** [schoolbus@azdps.gov](mailto:schoolbus@azdps.gov)